1	DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
2	Health Facilities Regulation Division
3	STANDARDS FOR HOSPITALS AND HEALTH FACILITIES
4	CHAPTER VII - ASSISTED LIVING RESIDENCES
5	6 CCR 1011-1 Chap 07
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7 8 9 10 11	These chapters of regulation incorporate by reference (as indicated within) material originally published elsewhere. Such incorporation, however, excludes later amendments to or editions of the referenced material. Pursuant to 24-4-103 (12.5), C.R.S., the Health Facilities Division of the Colorado Department of Public Health And Environment maintains copies of the incorporated texts in their entirety which shall be available for public inspection during regular business hours at:
12	Division Director
13	Colorado Department of Public Health and Environment
14	Health Facilities Division
15	4300 Cherry Creek Drive South
16	Denver, Colorado 80222-1530
17	Main switchboard: (303) 692-2800
18 19 20 21	Certified copies of material shall be provided by the division, at cost, upon request. Additionally, any material that has been incorporated by reference after July 1, 1994 may be examined in any state publications depository library. Copies of the incorporated materials have been sent to the state publications depository and distribution center, and are available for interlibrary loan.
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23	1.102 DEFINITIONS.
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25	1.102(25) "NFPA" means the National Fire Protection Association.
26	1.102(2625) "Ombudsman" means, unless otherwise specified, long term care ombudsman.
27 28 29 30 31 32 33	1.102(2726) "Owner" means the entity in whose name the license is issued. The entity is responsible for the financial and contractual obligations of the facility. Entity means any individual, corporation, limited liability corporation, firm, partnership, or other legally formed body, however organized. For the purposes of the background check required pursuant to Section 1.104 (3) of the owner, if the owner is an entity other than an individual, one person with legal liability for the facility shall be designated to undergo fingerprinting, in accordance with Department requirements.

2	1.102(2827) "Personal services" means those services which the administrator and employees of an assisted living residence provide for each resident, including, but not limited to:
3	102(2827)(a) an environment that is sanitary and safe from physical harm;
4	102(28<u>27</u>)(b) individualized social supervision;
5 6	102(2827)(c) assistance with transportation whether by providing transportation or assisting in making arrangements for the resident to obtain transportation; and
7	102(2827)(d) assistance with activities of daily living, as herein defined.
8 9	1.102(2928) "Physical abuse" means causing physical harm in a situation other than an accident. Physical abuse means behavior, including but not limited to, hitting, slapping, kicking or pinching.
10 11	1.102(3029) "Plan of correction" means a written plan to be submitted by facilities to the Department for approval, detailing the measures that shall be taken to correct all cited deficiencies.
12 13 14 15	1.102(31) "Plan review" means the review by the Department, or its designee, of new construction or remodeling plans to ensure compliance by the facility with the National Fire Protection Association (NFPA) Life Safety Code and with this Chapter VII. Plan review consists, as appropriate, of:
16	102(31)(a) the examination of new construction or remodeling plans; and
17	102(31)(b) onsite inspections.
18 19	1.102(3230) "Protective oversight" means guidance of a resident as required by the needs of the resident or as reasonably requested by the resident including the following:
20 21	102(3230)(a) being aware of a resident's general whereabouts, although the resident may travel independently in the community; and
22 23 24 25	102(3230)(b) monitoring the activities of the resident while on the premises to ensure the resident's health, safety, and well-being, including monitoring the resident's needs and ensuring that the resident receives the services and care necessary to protect the resident's health, safety, and well-being.
26	1.102(3331) "Resident's legal representative" means one of the following:
27 28	102(3331)(a) the legal guardian of the resident, where proof is offered that such guardian has been duly appointed by a court of law, acting within the scope of such guardianship;
29 30	102(3331)(b) an individual named as the agent in a power of attorney (POA) that authorizes the individual to act on the resident's behalf, as enumerated in the POA;
31 32 33 34	102(3331)(c) an individual selected as a proxy decision-maker pursuant to Section 15-18.5-101 C.R.S., et seq., to make medical treatment decisions. For the purposes of this regulation, the proxy decision-maker serves as the resident's legal representative for the purposes of medical treatment decisions only; or
35 36	102(3331)(d) a conservator, where proof is offered that such conservator has been duly appointed by a court of law, acting within the scope of such conservatorship.

1 2 3 4	1.102(3432) "Restraints" means any involuntary restraint as defined in 26-20-102 (6) C.R.S. and 6 CCF 1011-1, Chapter II, Part 8, Section 102 (5). For the purposes of this chapter, restraint also includes voluntary restraints. A secured environment that meets the requirements in Section 1.108 of these regulations shall not be considered a restraint.
5 6 7 8 9 10	1.102(3533) "Restrictive egress alert device" means a device used to prevent the elopement of a resident who is at risk if he or she leaves the facility unsupervised. This includes any device used with residents who have confusion or dementia and is used to prohibit their egress or to immediately redirect them after they exit the facility. Egress alert devices are not considered restrictive when used only to alert staff regarding the ingress and egress of residents, visitors, and others. Restrictive egress alert devices shall not lock any door in a means of egress, including access to a means of egress.
12 13 14 15 16	1.102(3634) "Secured environment" means, unless the context requires otherwise, any grounds, building or part thereof, method or device, other than restrictive egress alert devices used consistent with Section 1.104 (5)(m), that prohibits free egress of residents. An environment is secured when the right of any resident thereof to move outside the environment during any hours is limited. [Eff. 11/01/2008]
17 18 19	1.102(3735) "Sexual abuse" means non-consensual sexual contact as defined in Section 18-3-401 (4), C.R.S and sexual contact with any person incapable of giving consent. Sexual abuse includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault.
20 21	1.102(3836) "Social care" means the organization, planning, coordination, and conducting of a resident's activity program in conjunction with the resident's care plan.
22 23 24	1.102(3937) "Staff" means employees; and contract staff intended to substitute for, or supplement staff who provide resident care services. This does not include individuals providing external services, as defined herein.
25 26 27 28	1.102(4038) "Therapeutic diet" means a diet ordered by a physician as part of a treatment of disease or clinical condition, or to eliminate, decrease, or increase specific nutrients in the diet. Examples include, but are not limited to: a calorie counted diet, a specific sodium gram diet, and a cardiac diet.
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30	1.103(3) Plan Review RESERVED
31	In reference to the National Fire Protection Association requirements, the Department is the authority
32	having jurisdiction for state licensure.
33	103(3)(a) When Plan Review is Required
34 35	(i) Application for an initial license, when such initial license is not a change of
35	ownership, addition of previously uninspected or unlicensed square footage to ar
36 37	existing occupancy, or relocation of a currently licensed facility to a different
37 38	physical plant. This includes new facility construction and new occupancy of existing structures.
39	(ii) Remodeling that commences on or after January 1, 2009, ¹ and that includes, but is
40	not limited to:
41 42 43 44	1 Instances where remodeling shall be deemed to have commenced before January 1, 2009 are: a) when the local jurisdiction issued a building permit for such remodeling on or before December 31, 2008; or b) if a building permit is not required by the local jurisdiction, where architectural and engineering plans have been drafted and/or onsite construction began on or before December
14	31, 2008, with a completion date of June 30, 2010.

1	(A) Structural alterations of any size to the resident sleeping area.
2 3	(B) Alteration of an existing area of the facility into space for a secured environment.
4 5	(C) Relocation, removal or installation of walls that results in alteration of 25% or more of the existing habitable square footage.
6 7	2 Areas such as unfinished basements and garages that have not been used as habitable space shall not be included in the calculation of existing habitable square footage.
8 9 10	(D) Conversion of existing space not previously used for providing resident services, including storage space, to space used for the delivery of services to residents.
11 12	(E) Addition, alteration or relocation of any egress component including, but not limited to, corridors, stairwells, exit enclosures, or points of refuge.
13 14	(F) Installation of any new sprinkler systems or the addition, removal or relocation of 20 or more sprinkler heads.
15 16 17	(G) Installation of any new fire alarm system; or addition, removal or relocation of 20 or more fire alarm appliances including, but not limited to, pull stations, detectors and notification devices.
18	(H) Installation, removal or renovation of any kitchen hood suppression system.
19	103(3)(b) Process for Submission and Approval of Building Plans
20 21 22 23	(i) General. The building plans subject to plan review under this Chapter VII, shall be submitted in accordance with 6 CCR 1011-1, Chapter II, Part 1, Submission of Construction Plans/Documents and Completion of the Plan Review Process, Section 1.103 and 1.104.
24 25 26	(ii) Secured Environments. If the addition, remodeling or new construction involves areas to be used for secured environments, information about the following shall also be submitted as part of the plan review:
27	(A) locking devices for egress and egress access doors.
28	(B) location of locked egress and egress access doors.
29 30 31	(C) how the fencing or other enclosure around the secured outdoor area will be installed such that it prevents elopement and protects the safety and security of the residents.
32	103(3)(c) Plan Review Fees
33 34	(i) The fee for review of a building plan as described in section 1.103(3)(a)(i) of this Chapter shall be determined as follows:
	Licensed 0 8 9-16 17 31-50 51- 101- 151- 201- 251+ beds: 30 100 150 200 250
35	Fee: \$2,500 \$3,200 \$4,000 \$4,400 \$4,800 \$5,200 \$5,600 \$6,000 \$6,300

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1	(A) If a	a facility has more than one structure used for providing client services on
2		its campus, each structure shall be assessed a separate fee based upon
3 4		the above chart. The fees for all structures shall be combined to determine the total facility plan review fee.
•		determine the total lability plan review lee.
5	(B) Th	e appropriate plan review fees shall accompany the facility's first
6		submission of building plans to the department.
7		r review of a remodeling plan as described in section 1.103(3)(a)(ii) of this
8 9		or shall be based upon the following chart and shall accompany the
9	Project size:	s first submission of remodeling plans to the Department: Fee:
	Up to 1,500 square feet	\$1,875
	1,501 to 4,500 sq. ft	\$2,250
	4,501 to 15,000 sq. ft,	\$2,625
	15,001 to 30,000 sq. ft.	\$3,000
	30,001 to 30,000 sq. ft.	\$3,375
	45,001 to 60,000 sq. ft.	\$3,750
	60,001 to 75,000 sq. ft.	\$4,125
	75,000+ sq. ft	\$4,500
	, to you are the 17 co	, 19-00
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11	1.104 ORGANIZATION AND	STAFFING
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13	1.104(3) Personnel	
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15	104(3)(f) Training.	
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17	(B) − E	mergency and Fire Escape Plan
1.0		
18 19 20		(I) Within three (3) days of date of hire or commencement of volunteer service, the facility shall provide adequate training in emergency and fire escape plan procedures.
21 22 23		(II) Every two (2) months, there shall be a review of all components of the emergency plan, including each individual employee's responsibilities under the plan, with the staff of each shift.

(CB) Within one month of the date of hire, the facility shall provide adequate training for staff on each of the following topics:

(I) assessment skills;

(II) infection control;

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1	(III) identifying and dealing with difficult situations and behaviors;
2 3	(IV) residents rights, unless previously covered through other training; and
4 5	(V) health emergency response, unless previously covered through other training.
6	1.104(4) Staffing Requirements
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8	104(4)(a) Staffing
9 10	 (i) GeneraL . The owner shall employ sufficient staff to ensure the provision of services necessary to meet the needs of the residents.
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12	104(5)(b) Emergency Plan and Fire Escape Procedures
13 14 15	(i) <u>Emergency plan</u> . The emergency plan shall include planned responses to fire, gas explosion, bomb threat, power outages, and tornado. Such plan shall include provisions for alternate housing in the event evacuation is necessary.
16 17 18	(ii) <u>Fire escape procedures</u> . The fire escape procedures shall include a diagram developed with local fire department officials which shall be posted in a conspicuous place.
19 20	(iii) <u>Disclosure to residents</u> . Within three (3) days of admission, the plan and diagram shall be explained to each resident or legal representative, as appropriate.
21	1.107 RESIDENT CARE SERVICES
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23	1.107(5) Administration of Medication and Treatment
24	
25 26 27	107(5)(g) Oxygen. Residents may administer oxygen, and staff shall assist with the administration as needed, when prescribed by a physician and if the facility follows appropriate safety requirements regarding oxygen herein.
28	(i) General
29 30 31	(A) Oxygen tanks shall be secured upright at all times to prevent falling over and secured in a manner to prevent tanks from being dropped or from striking violently against each other.
32	(B) Tank valves shall be closed except when in use.
33 34 35	(C) Transferring oxygen from one container to another shall be conducted in a well-ventilated room with the door shut. Transfer shall be conducted by a trained staff member or by the resident for whom the oxygen is being

1 2 3 4 5	transferred, if the resident is capable of performing this task safely. When the transfer is being conducted, no resident, except for a resident conducting such transfer, shall be present in the room. Tanks and other exposed to electrical sparks, eigarettes open flames.	le i
6 7	(D) Tanks shall not be placed against electrical panels or live electrical cords where the cylinder can become part of an electric circuit.	•
8	(ii) <u>Handling</u>	
9	(A) Tanks shall not be rolled on their side or dragged.	
10 11 12	(B) Smoking shall be prohibited in rooms where oxygen is used. Rooms in which oxygen is used shall be posted with a conspicuous "No Smoking sign.)"
13	(iii) Storage	
14 15	(A) Smoking shall be prohibited in rooms where oxygen is stored and such rooms shall be posted with a conspicuous "No Smoking" sign.	
16 17 18	(B) Tanks shall not be stored near radiators or other heat sources. If stored outdoors, tanks shall be protected from weather extremes and damp ground to prevent corrosion.	
19	1.108 SECURED ENVIRONMENT	
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21	1.108(9) Building Requirements, Grounds and Fire Safety	
22	108(9)(a) Locking devices	
23 24	(i) General. Locking devices, used to secure facility egress doors and egress access doors, shall be in compliance with one of the following:	}
25	(A) NFPA Life Safety Code (2003) Section 7.2.1.6.1, Delayed Egress Locks.	
26 27	(B) NFPA Life Safety Code (2003) Section 7.2.1.6.2, Access Controlled Egrophy. Doors.	es:
28 29 30 31 32	(C) In buildings protected throughout by either an approved supervised automatic fire detection system in accordance with NFPA Life Safety Code (2003) Section 9.6 or an approved supervised automatic sprinkle system in accordance with NFPA Life Safety Code (2003) Section 9.7, the doors may be arranged as follows:	
33 34 35 36 37 38 39	(I) the doors unlock upon actuation of the building fire-protective signaling system. The fire-protective signaling system shall be activated by each of the following systems if installed: the approved supervised automatic sprinkler system, the approved supervised fire detection system or an approved manual fire alarm system. The doors shall remain unlocked until the fire-protective signaling system has been manually reset; and	

2	(II)—the doors unlock upon loss of power controlling the locking mechanism; and
3 4 5 6 7	(III) there shall be an override device, such as a digital keypad, pushbutton release or key locks. If key locks are used, all staff must carry keys on their person at all times. The override device shall be readily accessible and located within five (5) feet of the locked door.
8 9	(ii) Prior approvals. Special locking arrangements approved by the Department prior to June 1, 2004 may remain in use.
10 11 12 13	108(9)(b) Egress Alert Systems and Devices. Egress alert systems and devices (such as Wanderguard), shall be arranged to sound a proximity alarm only, and shall not lock any door within a means of egress, unless the alarm is in accordance with Section 1.108 (9)(a)(i)(C).
14	108(9)(c) Secure Outdoor Area
15 16	(i) In addition to the interior common areas required by this regulation, the facility shall provide a safe and secure outdoor area for the use of residents year round.
17	(ii) Fencing or other enclosures
18 19 20	(A) Fencing or other enclosures that prevent elopement and protect the safety and security of the residents shall be installed around secure outdoor areas.
21 22	(B) Where a locked outdoor fence gate restricts access to the public way, all staff must carry gate lock keys on their person at all times while on duty.
23 24	(iii) In facilities establishing a secured environment on or after June 1, 2004, residents shall be able to access the secure outdoor area independently.
25	
26	1.111 INTERIOR AND EXTERIOR ENVIRONMENT.
27	The facility shall provide a clean, sanitary environment, free of hazards to health and safety.
28 29	1.111(1) <i>Interior Environment</i> All interior areas including attics, basements, and garages shall be safely maintained.
30	111(1)(a) Potential Fire Hazards
31 32 33 34 35 36 37	(i) Cooking. Cooking shall not be allowed in bedrooms. Residents may have access to an alternative area where minimal food preparation such as heating or reheating food or making hot beverages is allowed. In those facilities which make housing available to residents through apartments rather than resident bedrooms, cooking may be allowed in accordance with house rules. Only residents who are capable of cooking safely shall be allowed to do so. The facility shall document such assessment.
38	(ii) Electrical equipment

1 2	(A) Extension cords. Extension cords and multiple use electrical sockets, shall be prohibited in resident bedrooms.
3 4	(B) Power strips. Power strips are permitted throughout the facility with the following limitations:
5 6	(I) The power strip must be provided with overcurrent protection in the form of a circuit breaker or fuse.
7	(II) The power strip must have a UL (underwriters laboratories) label.
8	(III) The power strips cannot be linked together when used.
9	(IV) Extension cords cannot be plugged into the power strip.
10	(V) Power strips can have no more than six receptacles.
11 12	(VI) The use will be restricted to one power strip per resident per bedroom.
13 14	(C) Personal appliances. Personal appliances shall be allowed in resident bedrooms only under the following circumstances:
15	(I) such appliances are not used for cooking;
16 17	(II) such appliances do not require use of an extension cord or multiple use electrical sockets;
18 19	(III) such appliance is in good repair as evaluated by the administrator; and
20 21 22	(IV) such appliance is used by a resident who the administrator believes to be capable of appropriate and safe use. The facility shall document such assessment.
23 24 25 26	(D) Electric blanket/Heating pad. In no event shall a heating pad or electric blanket be used in a resident room without either staff supervision or documentation that the administrator believes the resident to be capable of appropriate and safe use.
27 28 29	(iii) <u>Accumulation of refuse.</u> All interior areas including attics, basements, and garages shall be free from accumulations of extraneous materials such as refuse, discarded furniture, and old newspapers.
30 31	(iv) Combustibles. Combustibles such as cleaning rags and compounds shall be kept in closed metal containers.
32 33 34 35	(v) Portable Heaters. Kerosene (fuel fired) heaters shall not be permitted within the facility. Electric or space heaters shall not be permitted within resident bedrooms and may only be used in common areas of the facility if owned, provided, and maintained by the facility.
36 37	(vi) Fire resistant wastebaskets. Enclosed areas on the premises where smoking is allowed shall be equipped with fire resistant wastebaskets. In addition, bedrooms
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2	occupied by smokers, even when house rules prohibit smoking in bedrooms, shall have fire resistant wastebaskets.
3	
4	1.111(2) Exterior Environment
5	111(2)(a) Potential Hazards
6 7 8	(i) Maintenance of the grounds. Exterior premises shall be kept free of high weeds and grass, garbage and rubbish. Grounds shall be maintained to prevent hazardous slopes, holes, or other potential hazards.
9 10	(ii) <u>Staircases.</u> Exterior staircases of three (3) or more steps and porches shall have handrails. Staircases and porches shall be kept in good repair.
11	
12	1.113 FIRE SAFETY EMERGENCY EQUIPMENT
13 14 15 16 17 18 19	These regulations incorporate by reference National Fire Protection Association (NFPA) Life Safety Code 2003 and Guide on Alternative Approaches to Life Safety 2004. Such incorporation does not include later amendments to or editions of the referenced material. The Department of Public Health and Environment maintains copies of the complete text of the incorporated materials for public inspection during regular business hours, and shall provide certified copies of the incorporated material at cost upon request. Information regarding how the incorporated material may be obtained or examined is available from:
20	Division Director
21	Health Facilities and Emergency Medical Services Division
22	Colorado Department of Public Health and Environment
23	4300 Cherry Creek Drive South
24	Denver, CO 80246
25	Phone: 303-692-2800
26 27 28	Copies of the incorporated materials have been provided to the State Publications Depository and Distribution Center, and are available for interlibrary loan. Any incorporated material may be examined at any state publications depository library.
29	1.113(1) General
30 31 32	113(1)(a) Multiple Buildings Under One License. Any facility operating under one license but comprised of multiple buildings shall have the Life Safety Code requirements determined for each building on an individual basis.
33 34 35 36 37	113(1)(b) Chair Glides. Chair glides (powered resident movement equipment) cannot be installed within any required means of egress or required access to a means of egress if the installation reduces the egress width below the required minimum. Chair glides that reduce the required minimum width of a means of egress, or access thereto, will result in the egress route not being credited. Under no circumstance can a chair glide be installed

1 2	on a stairway that is the primary means of escape from any level or story used by residents.
3	113(1)(c) Resident Evacuation Capability. In any facility where the evacuation capability of the
4	resident population is required to be rated, the "Procedure for Determining Evacuation
5	Capability" published by NFPA is to be used by the facility whether the facility is
6	evaluated utilizing the NFPA 101A, Guide on Alternative Approaches to Life Safety
7	(2004), or NFPA Standard 101, Life Safety Code (2003). The Level of Evacuation
8	Difficulty for each facility will be determined by the scores developed in the Worksheet for
9	Rating Residents completed by responsible staff for each resident and the level of
10	staffing maintained at the facility. It is the responsibility of the owner or administrator to
11	insure that the abilities of the residents are accurately rated in accordance with the
12	published instructions. Each new resident shall be rated utilizing the Worksheet for
13	Rating Residents within two (2) weeks of their admission to the facility. All resident rating
14 15	scores shall be reviewed at least annually, or when there are significant changes in a resident's physical or cognitive abilities.
16	1.113(2) Compliance with National Fire Protection Association (NFPA) Life Safety Code
17	Requirements [Eff. 11/01/2008]
18	113(2)(a) Chapter 32, NFPA 101 (2003). The following facilities shall meet the requirements of
19	Chapter 32, New Residential Board and Care Occupancies, NFPA 101 (2003):
20	(i) Facilities which apply for licensure on or after June 1, 2004.
21	(ii) Facilities required to submit building plans for plan review, pursuant to Section 1.103
22	of this chapter, for additions or remodeling of more than 25 percent of the
23	habitable floor space on or after June 1, 2004.
24	(iii) Facilities licensed on or after June 1, 2004, that met the automatic sprinkler
25	exception requirements of Life Safety Code Section 32.2.3.5.2 that subsequently
26	apply for a change of ownership shall meet the requirements of 32.2.3.5.1 upon
20 27	change of ownership.
<u>.</u> 1	ondinge of ownership.
28	113(2)(b) Chapter 33, NFPA 101 (2003). The following facilities shall meet the requirements of
29	Chapter 33, Existing Residential Board and Care Occupancies, NFPA 101 (2003):
30	(i) Facilities that were constructed and that obtained a building permit for such
31	construction on or between January 1, 1993 and May 31, 2004. Existing life
32	safety features that met the requirements for new buildings at the time of
33	licensure shall be maintained and not diminished.
34	(ii) Facilities that underwent addition, remodeling or renovation to 50 percent or more of
35	its floor area, and obtained a permit for such remodeling on or between January
36	1 1002 and May 21 2004. Such remodeling or renovation may have been
37	1, 1993 and May 31, 2004. Such remodeling or renovation may have been
	completed as part of a single project or through a series of projects over a period
38 39	of time. Existing life safety features that met the requirements for new buildings at the time of licensure shall be maintained and not diminished.
1 0	(iii) However, facilities with less than 17 beds that were approved by the Department for
41	prompt and slow evacuation levels prior to June 1, 2004 based on the installation
12	of the automatic NFPA Standard 13D or 13R, for automatic fire suppression
1 3	systems may remain in compliance with this standard, without necessitating the
14	extension of sprinkler coverage in small closets of 24 square feet or less.

1 2	113(2)(c) Chapter 33, NFPA 101 (2003) or NFPA 101-A Guide on Alternative Approaches to Life Safety (2004). The following facilities shall meet the requirements of either Chapter
3	
	33, Existing Residential Board and Care Occupancies, NFPA 101 (2003) or NFPA 101-A
4	Guide on Alternative Approaches to Life Safety (2004) [↑] unless otherwise specified.
5	[Eff. 12/30/2008]
6 7	7—For those facilities complying with NFPA 101-A, Guide on Alternative Approaches to Life Safety (2004), the requirements for existing facilities shall apply. [Eff. 12/30/2008]
8	(i) Facilities with eight or less licensed beds that apply for a change of ownership, on or
9	after June 1, 2004. These facilities, licensed on or before June 1, 2004, are
10	allowed one change of ownership prior to having to meet the sprinkler
11	requirements set forth in Life Safety Code section 32.2.3.5.
12	(ii) Facilities with nine or more licensed beds that apply for a change of ownership, on
13	or after June 1, 2004. The new owner in a change of ownership transaction shall
14	have three years from the date that the initial license was issued to comply with
15	the automatic sprinkler requirements of Life Safety Code sections 32.2.3.5 or
16	32.3.3.5, as applicable. Facilities with existing sprinkler systems meeting the
17	requirements of NFPA standard 13R will continue to be acceptable.
18	(iii) any currently licensed facility not described under subsections (a) or (b) above.
10	1.440(0) Five Parity
19	1.113(3) Fire Drills
20	113(3)(a) Drills shall be designed to provide residents with experience in exiting through all
21	exits required by the Life Safety Code, although exiting through egress windows shall not
22	be required. Exits not used in any fire drill shall not be credited in meeting the
23	requirements of the Life Safety Code.
24	113(3)(b) Drills may be announced in advance to the residents. However, such advance notice
25	shall not be construed to be prompting of residents immediately prior to sounding the
26	building's fire alarm.
7	112(2)(a). For these facilities for which the average time of recidents is part of the average value.
27	113(3)(c) For those facilities for which the evacuation of residents is part of the emergency plan,
28	the drills shall involve the actual evacuation of all residents to a predetermined assembly
29	point outside the building or the relocation to a point of safety, as defined by the Life
30	Safety Code. If the facility fire emergency plan, developed in conjunction with the local
31	fire authority, outlines a "defend in place" strategy (which typically requires residents to
32	remain in their rooms), an impractical level of evacuation capability shall apply. Existing
33	large facilities that are determined to be impractical level of evacuation capability will be
34 35	allowed to meet the equivalency requirements through application of the NFPA Standard
35	101A, Guide on Alternative Approaches to Life Safety (2004) Chapter 4, Fire Safety
36	Evaluation System for Health Care Facilities, Worksheet 4.7.8A for an Existing Facility.
37	113(3)(d) During the first year of operation, fire drills shall be conducted monthly. After the first
38	year of operation, fire drills shall be conducted every other month. There shall be at
39	least two (2) fire drills annually conducted during the overnight hours when residents are
1 0	sleeping.
41	1.113 <mark>(41) </mark>
42 43	113(41)(a) First Aid. First aid equipment shall be maintained on the premises in a readily available location and staff shall be instructed in its use.

1 2 3 4 5	113(41)(b) Telephone. There shall be at least one telephone, not powered by household electrical current, in the facility which may be used by staff, residents, and visitors at all times for use in emergencies. The telephone numbers of police, fire, ambulance [9-1-1, if applicable] and poison control center telephone numbers shall be readily accessible to staff.
6	113(4)(c) Fire Suppression or Detection Equipment. Any fire suppression or detection
7	equipment shall be fully operational and functional. All inspections for fire alarm and
8	smoke detection systems, automatic fire sprinkler systems and fixed kitchen systems
9	must fully documented with written records maintained on premises for review.
0	(i) Fire alarm and smoke detection systems. Any fire alarm or supervised smoke
1	detection system, installed for life safety purposes, must be inspected by trained
2	and qualified personnel at least annually. Inspection and personnel requirements
13	are defined in NFPA Standard 72, National Fire Alarm Code.
4	(ii) Automatic fire sprinkler systems. Automatic fire sprinkler systems must be
15	inspected annually by a sprinkler contractor that is currently registered to perform
6	inspection and maintenance services with the State of Colorado - Division of Fire
17	Safety.
8	(iii) Fixed kitchen extinguishing systems. Fixed kitchen extinguishing systems must be
9	inspected by trained and qualified personnel on a semi-annual basis in
20	accordance with NFPA Standard 96, Ventilation Control and Fire Protection of
21	Commercial Cooking Operations.
22	(iv) Portable fire extinguisher. The facility shall have a portable fire extinguisher of the
23	ABC type of at least 3 pound capacity located in the kitchen area, common area,
22 23 24 25	and at least one on each floor of the facility. Fire extinguishers shall be checked
	monthly, by staff, to ensure that they are mounted in a location that is easily
26	accessible and that the pressure gauge is within the safe zone. Portable fire
27	extinguishers shall be inspected annually and tagged by a qualified fire
28	extinguisher maintenance contractor.